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ABSTRACT

Applied gerontological research of home care service to aged people associates the provision of the service with maintenance of independence, relief of collateral stress, prevention of unnecessary institutionalization and higher contentment. Although these beneficial effects are related to home care, the service is generally regarded as ancillary requiring professional supervision of both the client and the home aide. After an examination of the assumptions underlying this viewpoint and preliminary studies of home care, the Institute initiated an innovative home care project in which 60 clients requesting only home help were given the service without professional supervision. The cases were monitored for four months and during this period no client crises occurred as a result of the absence of professional supervision. Thus, initial evidence suggests the provision of home aide service to selected elderly clients without professional supervision has no deleterious effects. The concluding section of the paper presents a comprehensive experimental design to test the effects of home aide service with and without professional supervision on both the client and the home aide. (Author)

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PROFESSIONAL SUPERVISION OF HOME AIDE SERVICE: SOME EMPIRICAL ISSUES

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PROFESSIONAL SUPERVISION OF HOME AIDE SERVICE: SOME EMPIRICAL ISSUES[1]

by

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The term "home care" refers to a broad range of services provided to individuals in their own homes to improve or maintain functional abilities, to prevent unnecessary institutionalization, and to reduce or relieve collateral stress. The component services of home care include skilled nursing services, physical, occupational, and speech therapy, social casework services, and personal and domestic care services. The elderly are major users of home care services and their need for the services results from age-associated chronic health conditions and consequent functional limitations. Although there is little research on home care services for the elderly, existing research indicates that home care is effective, enabling recipients to remain in independent living situations and relieving stress on alternate caregivers (Littauer and Flance, 1957; Kramer, 1963; Roth, Ehinger and Mosher, 1967; Trager, 1973; Berg, Atlas, and Zeiger, 1974; Kahana and Coe, 1975, pp. 36-42).

Of particular interest to this paper is the efficacy of one specific component of home care services; that is, the personal and domestic care services given to the aged by home aides. A research study conducted by The Benjamin Rose Institute investigating the effects of home aide service on older persons found there were fewer days of institutionalization, higher contentment scores, and reductions in collateral stress among subjects in the treatment group as compared with subjects in the control group (Blenkner, Bloom, Downs and Nielsen, 1972). Additional research on home aide care has shown that it is both needed and successfully used by functionally impaired elderly who lack informal caregivers, or whose informal caregivers are also limited in their capacity to provide assistance (Noelker, 1975).

Standards for Homemaker service categorically state that professional supervision is essential to effective homemaker service (Allen, 1969) (Barron, 1966). A review of the literature indicates

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that there are at least three dimensions to professional supervision: a) administrative supervision of the home aide program, b) administrative supervision of the individual home aide, and c) teaching-supervision of the home aide on individual case assignments, i.e., case supervision. Secondly, the major concern in this literature is with case supervision. The professional supervisor is described as having the following responsibilities in case supervision:

1) Coordinating of learning experiences, both orientation and in-service (Allen, 1969), (Bell, 1968), (Brodsky, 1955), (Barron, 1966).

2) Determining the service plan identifying the goals of the service, teaching how the personal care services are to be given to the patient, as well as being alert to changes in the patient which might indicate a re-evaluation of the service plan (Allen, 1969).

3) Acting as a liaison between the homemaker and the other professional staff member(s) in those cases where the service plan and goals are determined by other staff member(s) (Allen, 1969), (Brodsky, 1955).

4) Serving the home aide as a helping person (Allen, 1969), (Brodsky, 1955), (Barron, 1966).

This final responsibility means that the supervisor promotes the homemaker's growth and development by means of praise, recognition, encouragement and stimulation (Allen, 1969). In addition, the supervisor counteracts the contagious effects of the client's depression and anxiety which may disturb the home aide. Burns (1969), in a similar vein thinks it is the supervisor's job to be alert to emotional factors which might interfere with the homemaker's ability to give service; that is, the supervisor must be aware as to whether or not the homemaker is becoming "overly involved, emotionally". Brodsky (1955), thinks the supervisor's role concentrates "on the self of the supervisee as reflected in her functioning on the job with a possible therapeutic by-product a shift in the personality of the supervisee through the supervisory process and relationship" (p.7).

These supervisory role responsibilities appear to stem from certain assumptions made about the clients and about the home aides. These assumptions are that <u>all</u> clients are: 1) subject to medical and/or psychological crises; 2) incapable of identifying service goals or service plans; and 3) beset with severe affective disturbances, to the extent that these conditions have a contagious effect upon the homemaker-home aide.

In relation to the home aides, the assumption seems to be that they are a "pair of hands" (Gilligan & Sherman, 1974), that need to be taught how to perform <u>in each unique case</u>. It is an assumption which

suggests there is no job content at the homemaker level, nor is there generalization of learning by the home aide from one situation to the other. One suspects, however, that the reason that ongoing case supervision is mandatory is that there is neither a paradigm governing homemaker-home aide education, nor a provision for measurement of home aide competency. Secondly, there is the assumption that if there are changes in the patient, the homemaker will not observe differences therefore, for the safety of the client, a professional's observation is necessary. Finally, there is the assumption that the homemaker alone, unlike the professional person involved in the case, will be unable to cope with the contagious effects of the client's severely disturbed behavior.

These assumptions need to be questioned. The assumption that clients are severely disturbed appear to be valid only with reference to a small percentage of service recipients, possibly only the so-called, "hard to reach multi-problem family" of the family service agency, or the "protective case" of the gerontological service agency. Brodsky (1957), an advocate of professional supervision recognizes this fact:

> It seems to me that the greatest difficulty in understanding and accepting the role of the case-worker in homemaker service is with regard to those families whose only need is the service itself. It is true that <u>many families</u> can take the precipitating need and the use of the service in their stride. The purpose of the service then would be essentially to maintain the families equilibrium with which it has heretofore been comfortable. p 12 (italics mine)

This is an indication that there are <u>many families</u> for whom professional intervention is superfluous and for whom homemaker service in and of itself is sufficient to meet the needs. Newman and Young (1967, p. 131), studying a sample of homemaker services in an eastern state found that, "Supervision of homemakers on a regular basis was the exception rather than rule in all agencies". This finding suggests that in spite of the rhetoric, there is a recognition by professionals that many home aides after a period of training, are sufficiently prepared and responsible to render service without professional case supervision.

It has been the experience of The Benjamin Rose Institute, that a large number of older persons requesting help from the agency only require assistance with some of the activities of daily living. These are individuals who because of health conditions, chronic diseases, or the effects of aging experience limitations in the performance of some major activity. They do not need <u>psychotherapeutic</u> help to alleviate an affective disturbance or to increase functional adaptation;

they are in need of sociotherapeutic intervention, that is, a service that will ameliorate a stressful environmental circumstance by rendering supportive assistance. These older individuals, like Brodsky's "many families" are able to accept the functional limitation and "the use of the homemaker service in their stride". The purpose of the home aide service is essentially to maintain the older individual at the level with which he has "heretofore been comfortable".

In the Institute's Home Aide Department, there are home aides who have been well trained and who have repeatedly demonstrated their competence to provide personal and domestic care, even in the most difficult protective cases. Recognizing that there is a client population with only a sociotherapeutic need, and that the Institute has a well trained, competent, para-professional staff, the Social Work Department has occasionally provided a time-limited service, without the involvement of a professional social worker.

In 1974, a unique situation occurred at the Institute. While there was the average number of requests and referral for home aide services, there was no professional service time available to accept these new requests. Moreover, due to changes in the existing home aide case load, there was an increasing number of unused home aide service hours available.

As a temporary course of action, it was decided that the social worker responsible for Intake would accept applications or referrals where the client requested help only with personal and domestic care, and these clients would be given only home aide service. The intake social worker, however, explored and evaluated the case situation, estimating the stability of the client's social support network; i.e., collaterals who provide some assistance with personal and domestic care. Secondly, the intake worker established the clarity and coherence of the client's request; the client was expected to explain the reason for the need, articulate the goal of the service, and enumerate the activities with which the home aide was to help. If the subsequent home evaluation by the para-professional home aide supervisor was in agreement with the intake evaluation, home aide service was implemented.

Altogether there have been sixty-five (65) applications for home aide service only, the brief description which follows is based on a comparison of the characteristics of twenty-six (26) of these recipients and similar data pertaining to the characteristics of two groups of home aide recipients where professional supervision is provided. The data show that the physical functioning of the Home Aide Only client appears to be better than functioning of the two client groups receiving home aide service with professional supervision. All the Home Aide Only clients, however, have at least one health condition, half have two or more, and these conditions limit their ability to care for themselves or their homes. Over one-half of home aide only clients receive

assistance with bathing, light cleaning, dusting, vacuuming, mopping floors and laundry. In summary, given the higher degree of physical functioning, the presence of collaterals as caregivers, in almost one-half of the cases, and the younger age, the situation of the home aide only clients seems less precarious when contrasted to two other groups of clients receiving supervised home aide service.

In addition, twelve percent (12%) of these clients require a half day of service every other week, forty-six percent (46%) require one-half day per week and the remaining forty-two percent (42%) require two half days per week. This low time utilization is an additional indicator that these older persons are not severely impaired. A subjective appraisal of the H.A.O. program indicates that it did not have deleterious effects upon those served.

Some of the important consequences of this departure from standard procedure are that: 1) it raised questions about using one established home aide service delivery model for all clients regardless of physical and mental functioning and service needs, and that 2) the questions encouraged the development of a research design which could empirically address the issues raised in this paper.

The research being planned is an experimental design in which clients requesting home aide service will be randomly assigned to experimental and control groups. In the experimental group the clients will receive home aide service without professional supervision, and the control group will consist of clients who receive home aide service with professional supervision. The purpose of the design is to evaluate the impact of these two different types of home aide service on the client and on the home aides themselves.

The major research question is: Does a professionally unsupervised home aide service constitute a danger for the older client? Client impact measures, therefore, will focus on changes in physical and mental functioning, as well as mortality, morbidity and institutionalization rates. An additional concern of the research will be with the home aide's competency to observe changes in the client's functioning and to make appropriate decisions. Moreover, the research will test for differences between these two groups in the relationship between the client and the home aide, in home aide's attitude towards her job, and in home aide's assumption of responsibility.

It is only by subjecting the questions raised in this paper to empirical examination that we can develop home aide service delivery models that are appropriate for older persons with differing needs and differing functional abilities.

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